DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: POBOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | 3 | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|-------|------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|--|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | Twice Per Year Twice Per Year Twice Per Year Twice Per Year | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | **** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and vealuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 10/01/2010 | 10/31/2010 | | | | | | | | |

DMR Mailing ZIP CODE:

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MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 1.71 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | ***** | ***** | | Monthly | MEASRD |

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| MONIT | MONITORING PERIOD | | | | | | | | | |
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| 11/01/2010 | 11/30/2010 | | | | | | | | | |

DMR Mailing ZIP CODE:

CODE: 83707

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| QUANTITY OR LOADING QUALITY OR CONCENTRATION | | | QUALITY OR CON | ENTRATION | | NO. | L | | |
|--|-----------------------|---|----------------|--|--|--|--|--|---|
| ALUE VALUE | PARAMETER | UNITS | VALUE | VALUE | VALUE | UNITS | EX | Twice Per Year | TYPE |
| ***** | total suspended | ***** | ***** | NODI 9 | NODI 9 | | | | |
| **** | l 0 : Gross | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| ***** | total suspended | ***** | ***** | NODI 9 | NODI 9 | | | | |
| ***** | 2 0 : Net | **** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| ***** | total suspended | ***** | ***** | NODI 9 | NODI 9 | | | | |
| **** | G 0 ewage Influent | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| ***** | orus, total [as P] | ***** | **** | NODI 9 | NODI 9 | | | | |
| ***** | l 0 : Gross | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| ***** | orus, total [as P] | **** | ***** | NODI 9 | NODI 9 | | | | |
| ***** | 2 0 : Net | **** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| ***** | orus, total [as P] | ***** | ***** | NODI 9 | NODI 9 | | | | |
| **** | G 0 ewage Influent | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| ***** | ss, total [as CaCO3] | **** | ***** | ***** | NODI 9 | | | | |
| **** | l 0 : Gross | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| , | 10 | ***** ***** that this document and all attachments were prepare | | that this document and all attachments were prepared under my direction or | that this document and all attachments were prepared under my direction or | ***** ***** ***** Req. Mon. DAILY MX that this document and all attachments were prepared under my direction or | ***** ***** ***** ***** Req. Mon. DAILY MX | ***** ***** ***** ***** Req. Mon. pAILY MX that this document and all attachments were prepared under my direction or | ***** ***** ***** ***** Req. Mon. mg/L Quarterly DAILY MX |

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| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| IVIIVI/DD/11111 | | | | | | | | | |

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|--|-----------------------|---------------------|-----------|-------|--------------------------|-------|-----------|-------|-----|--|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | FREQUENCY OF ANALYSIS Quarterly Monthly Monthly | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 | PERMIT | ***** | ***** | ***** | ***** | ***** | Req. Mon. | mg/L | | Quarterly | COMPOS |
| Effluent Gross | REQUIREMENT | | | | | | DAILY MX | | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | **** | 2.99 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 | PERMIT | ***** | Req. Mon. | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| Effluent Gross | REQUIREMENT | | DAILY MX | | | | | | | | |

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|----------------------------------|-----------------------|-------|------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|---|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS Twice Per Year Twice Per Year | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | **** | 1 | 1 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .9 | .9 | | | Twice Per Year | CALCTD |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | .1 | .1 | | | Twice Per Year | GRAB |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .02 | .02 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | .01 | .01 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < .01 | < .01 | | | Twice Per Year | GRAB |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | ***** | **** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

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| PERMIT NUMBER | DISCHARGE NUMBER | | | | |
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| MM/DD/YYYY | MM/DD/YYYY | | | | |
| 12/01/2010 | 12/31/2010 | | | | |

DMR Mailing ZIP CODE:

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(SUBR 01) FACILITY TOTAL

Sum

No Discharge

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|--|-----------------------|---------------------|-----------------------|--------------------------|-------|-------|-----------------------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 3.79 | | **** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | **** | ***** | | Monthly | MEASRD |

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| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | | | t and all attachments were prepar | | 1 | | | | TEL | EPHONE | DATE |

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| Copper, total recoverable | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 | PERMIT | ***** | ***** | ***** | ***** | ***** | Req. Mon. | mg/L | | Quarterly | COMPOS |
| Effluent Gross | REQUIREMENT | | | | | | DAILY MX | | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | **** | 5.89 | | ***** | **** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 | PERMIT | ***** | Req. Mon. | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| Effluent Gross | REQUIREMENT | | DAILY MX | | | | | | | | |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | DATE | |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: POBOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | Γ | SUM-A |
|---------------|-----|------------------|
| PERMIT NUMBER | | DISCHARGE NUMBER |
| MONIT | ORI | RING PERIOD |
| MM/DD/YYYY | | MM/DD/YYYY |
| 02/01/2011 | | 02/28/2011 |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL Sum

No Discharge

| | | QUAI | NTITY OR LOADING | 3 | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|-------|------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

| NAME/ITTEL PRINCIPAL EXECUTIVE OF FICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | TELEPHONE | | |
|---|--|---|-----------|-----------|------------|--|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | |
|---------------|------------------|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | |
| MONIT | ORING PERIOD | | | | |
| | 7 - | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | | | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-----------------------|-------|-------|--------------------------|-----------------------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 9.08 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
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ADDRESS: P O BOX 25

BOISE, ID 83707

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LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | |
| | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) **FACILITY TOTAL**

Sum

AUTHORIZED AGENT

No Discharge

| | | QUA | NTITY OR LOADING | <u> </u> | | QUALITY OR CON | CENTRATION | | NO. | SAMPLE | |
|----------------------------------|-----------------------|---|---|---|-------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | **** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | supervision in a | ccordance with a system desig ormation submitted. Based on I | t and all attachments were prepa ned to assure that qualified person ny inquiry of the person or person | nnel properly gather and ns who manage the | | | | | TEL | EPHONE | DATE |
| | to the best of m | y knowledge and belief, true, a | or gathering the information, the in occurate, and complete. I am awar ation, including the possibility of fi | e that there are | SIGN | IATURE OF PRINCIPAL | EXECUTIVE OFFICER | OR | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

nowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |
| | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL Sum

No Discharge

| | | QUA | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | l | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|--------------------------|-------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 11.17 | | ***** | ***** | ***** | ***** | | Monthly | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | DATE | |
|--|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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| IDG131001 | SUM-A | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 04/01/2011 | 04/30/2011 | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUA | NTITY OR LOADING | ; | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|--------------------------------|---|--------------------------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | **** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | **** | ***** | **** | **** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | supervision in a | ccordance with a system design | and all attachments were preparted to assure that qualified person by inquiry of the person or person | nnel properly gather and | | | | | TEL | EPHONE | DATE |

system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITORING PERIOD | | | | | | | |
| | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | | | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-----------|-------|-------|--------------------------|-----------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 | PERMIT | ***** | ***** | ***** | ***** | ***** | Req. Mon. | mg/L | | Quarterly | COMPOS |
| Effluent Gross | REQUIREMENT | | | | | | DAILY MX | | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 12.94 | | ***** | ***** | ***** | ***** | | Monthly | |
| 50050 1 0 | PERMIT | ***** | Req. Mon. | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| Effluent Gross | REQUIREMENT | | DAILY MX | | | | | | | | |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| | 7 | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |

DMR Mailing ZIP CODE:

83707

(SUBR 01) **FACILITY TOTAL**

Sum

MINOR

| Nο | Discharge | Г |
|----|-----------|---|
| NO | Discharge | |

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | FREQUENCY | | |
|----------------------------------|-----------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|-----------|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .9 | .9 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | .7 | .7 | | | Twice Per Year | CALCTD |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | .2 | .2 | | | Twice Per Year | GRAB |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | .02 | .02 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | .01 | .01 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | **** | **** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | < .01 | < .01 | | | Twice Per Year | GRAB |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | **** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | | SUM- | 1-A | | | | |
|-------------------|---|-----------|--------|--|--|--|--|
| PERMIT NUMBER | | DISCHARGE | NUMBER | | | | |
| MONITORING PERIOD | | | | | | | |
| MM/DD/YYYY | | MM/DD | D/YYYY | | | | |
| 05/01/2011 |] | 05/31/ | 1/2011 | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL Sum

No Discharge

| | | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | QUALITY OR CONCENTRATION | | | | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-----------------------|-------|-------|--------------------------|-----------------------|--------------------------|----|-------------|--------|-----------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE | | |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | ***** | NODI 9 | | | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 13.86 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | Req. Mon. DAILY MX | cfs | ***** | **** | **** | ***** | | Monthly | MEASRD | | |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: POBOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| | OTAITO I ETAIOD | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | ANTITY OR LOADING QUALITY OR CONCENTRATION | | NO. | FREQUENCY | SAMPLE | | | | |
|----------------------------------|-----------------------|-------|--|-------|-------|---------------------|-----------------------|-------|----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and vealuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: POBOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | |
|---------------|------------------|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | |
| MONIT | ORING PERIOD | | | | |
| 1414/5500004 | MM/DD/000/ | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | } | | QUALITY OR CONCENTRATION | | | | FREQUENCY | SAMPLE |
|--|-----------------------|-------|------------------|-------|-------|--------------------------|-----------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 | PERMIT | ***** | ***** | ***** | ***** | ***** | Req. Mon. | mg/L | | Quarterly | COMPOS |
| Effluent Gross | REQUIREMENT | | | | | | DAILY MX | | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 13.17 | | ***** | **** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 | PERMIT | ***** | Req. Mon. | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| Effluent Gross | REQUIREMENT | | DAILY MX | | | | | | | | |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | |
|-------------------|--------------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITORING PERIOD | | | | | | | |
| MONIT | ORING PERIOD | | | | | | |
| MM/DD/YYYY | ORING PERIOD MM/DD/YYYY | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

| Nο | Discharge | |
|----|-----------|--|

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | **** | **** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | **** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

| | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---|------------------|---|---|-----------|--------|------------|
| I | | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| Ī | TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG ² | 131001 | | SUM-A | | | | |
|------------------|-------------------|------------------|------------|--|--|--|--|
| PERMIT | NUMBER | DISCHARGE NUMBER | | | | | |
| | MONITORING PERIOD | | | | | | |
| | | 1 | | | | | |
| MM. | /DD/YYYY | | MM/DD/YYYY | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | | SAMPLE | |
|--|-----------------------|---------------------|-----------------------|--------------------------|-------|-------|-----------------------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 3.79 | | ***** | **** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | **** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | DATE | |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

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LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | |
| MONITORING PERIOD | | | | | | | |
| | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) **FACILITY TOTAL**

Sum

AUTHORIZED AGENT

No Discharge

| | | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | | | | SAMPLE |
|----------------------------------|-----------------------|---|---|---|-------|--------------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | **** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | supervision in a | ccordance with a system desig ormation submitted. Based on I | t and all attachments were prepa ned to assure that qualified person ny inquiry of the person or person | nnel properly gather and ns who manage the | | | | | TEL | EPHONE | DATE |
| | to the best of m | y knowledge and belief, true, a | or gathering the information, the in occurate, and complete. I am awar ation, including the possibility of fi | e that there are | SIGN | IATURE OF PRINCIPAL | EXECUTIVE OFFICER | OR | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

nowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG | 131001 | | SUM-A | | | | |
|-------|-------------------|---|------------------|--|--|--|--|
| PERMI | T NUMBER | | DISCHARGE NUMBER | | | | |
| | MONITORING PERIOD | | | | | | |
| | | 7 | | | | | |
| MN | I/DD/YYYY | 1 | MM/DD/YYYY | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | l | SAMPLE | |
|--|-----------------------|---------------------|-----------------------|--------------------------|-------|-------|-----------------------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 2.31 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | ***** | **** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | DATE | |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|-------------------|---|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| | J. C. | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |

DMR Mailing ZIP CODE:

NO.

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

QUALITY OR CONCENTRATION

AUTHORIZED AGENT

No Discharge

SAMPLE

FREQUENCY

| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
|----------------------------------|----------------------------|--|--|--|-------|---------------------|-----------------------|-------|-----|----------------|--------|
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | **** | **** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | **** | **** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | ***** | **** | **** | **** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECU | supervision i evaluate the | n accordance with a system design information submitted. Based on | nt and all attachments were prepa gned to assure that qualified perso my inquiry of the person or person for gathering the information, the | onnel properly gather and ns who manage the | | | | | TEL | EPHONE | DATE |
| | to the best of | my knowledge and belief, true, a | ccurate, and complete. I am awar ation, including the possibility of f | re that there are | SIGN | ATURE OF PRINCIPAL | EXECUTIVE OFFICER | OR | | | |

QUANTITY OR LOADING

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 09/01/2011 | 09/30/2011 | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CON | ENTRATION | | NO. | FREQUENCY | SAMPLE | |
|--|-----------------------|---------------------|-----------|-------|----------------|-----------|-----------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 | PERMIT | ***** | ***** | ***** | ***** | ***** | Req. Mon. | mg/L | | Quarterly | COMPOS |
| Effluent Gross | REQUIREMENT | | | | | | DAILY MX | | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 2.8 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 | PERMIT | ***** | Req. Mon. | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| Effluent Gross | REQUIREMENT | | DAILY MX | | | | | | | | |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: POBOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG1310 | 01 | | SUM-A | | | | | | |
|-----------|--------------------------------|--|------------|--|--|--|--|--|--|
| PERMIT NU | PERMIT NUMBER DISCHARGE NUMBER | | | | | | | | |
| | MONITORING PERIOD | | | | | | | | |
| MM/DD/ | YYYY | | MM/DD/YYYY | | | | | | |
| 10/01/2 | 2011 | | 10/31/2011 | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-----------------------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | | | t and all attachments were prepar | | | | | | TEL | EPHONE | DATE |

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

supervision in accordance with a system designed to assure that qualified personnel properly gather and

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: POBOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | | QUALITY OR CONG | ENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-----------------------|-------|-------|-----------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | **** | 4.09 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | **** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

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BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | | |
|-------------------|------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONITORING PERIOD | | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 11/01/2011 | 11/30/2011 | | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR (SUBR 01)

FACILITY TOTAL

Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUA | NTITY OR LOADING | 3 | QUALITY OR CONCENTRATION | | | | | O. FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---|---------------------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUTIVE | | penalty of law that this document accordance with a system design | and all attachments were prepar | | | | | 1 | TEL | EPHONE | DATE |

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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NUMBER

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | | SUM-A |
|---------------|-------|------------------|
| PERMIT NUMBER | | DISCHARGE NUMBER |
| MONIT | ORING | G PERIOD |
| MM/DD/YYYY | | MM/DD/YYYY |
| 11/01/2011 | | 11/30/2011 |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | } | | QUALITY OR CON | ENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|------------------|-------|-------|----------------|-----------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 | PERMIT | ***** | ***** | ***** | ***** | ***** | Req. Mon. | mg/L | | Quarterly | COMPOS |
| Effluent Gross | REQUIREMENT | | | | | | DAILY MX | | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 4.09 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 | PERMIT | ***** | Req. Mon. | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| Effluent Gross | REQUIREMENT | | DAILY MX | | | | | | | | |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
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|---------------|--------------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| | |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | ORING PERIOD MM/DD/YYYY |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | G | | QUALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|-------|------------------|-------|-------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | 2.2 | 2.2 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.1 | 2.1 | | | Twice Per Year | CALCTD |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | .1 | .1 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | .033 | .033 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | .023 | .023 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < .01 | < .01 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|--|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A |
|-----------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| IVIIII/DD/11111 | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | } | | QUALITY OR CONG | ENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|------------------|-------|-------|-----------------|-----------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 | PERMIT | ***** | ***** | ***** | ***** | ***** | Req. Mon. | mg/L | | Quarterly | COMPOS |
| Effluent Gross | REQUIREMENT | | | | | | DAILY MX | | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 3.87 | | ***** | ***** | **** | ***** | | Monthly | MEASRD |
| 50050 1 0 | PERMIT | ***** | Req. Mon. | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| Effluent Gross | REQUIREMENT | | DAILY MX | | | | | | | | |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
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| PERMIT NUMBER | DISCHARGE NUMBER |
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| | |
| MM/DD/YYYY | MM/DD/YYYY |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) **FACILITY TOTAL**

Sum

QUALITY OR CONCENTRATION

AUTHORIZED AGENT

No Discharge

NO. FREQUENCY SAMPLE

| | | QUA | NITTY OR LOADING | <u> </u> | | QUALITY OR CON | CENTRATION | _ | I NO. I | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------------------|---------------------------------|---|---|-------|---------------------|-----------------------|-------|---------|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECU | supervision in a evaluate the inf | ccordance with a system desig | it and all attachments were prepar ned to assure that qualified person my inquiry of the person or person | nnel properly gather and is who manage the | | | | | TEL | EPHONE | DATE |
| | to the best of m | y knowledge and belief, true, a | or gathering the information, the in occurate, and complete. I am aware ation, including the possibility of fin | e that there are | SIGN | NATURE OF PRINCIPAL | EXECUTIVE OFFICER | OR | | | |

QUANTITY OR LOADING

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A |
|------------------|--------------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| | |
| MONIT | ORING PERIOD |
| MONIT MM/DD/YYYY | ORING PERIOD MM/DD/YYYY |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | QUANTITY OR LOADING | | | QUALITY OR CONG | ENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|-----------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 4.24 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

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LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | |
|---------------|------------------|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | |
| MONIT | ORING PERIOD | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | |
| | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) **FACILITY TOTAL**

Sum

AUTHORIZED AGENT

No Discharge

| | | QUA | NTITY OR LOADING | 3 | | QUALITY OR CONCENTRATION | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---|---|---|-------|--------------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | supervision in a | ccordance with a system desig ormation submitted. Based on I | it and all attachments were prepar ned to assure that qualified perso my inquiry of the person or persor | nnel properly gather and ns who manage the | | | | | TEL | EPHONE | DATE |
| | to the best of m | y knowledge and belief, true, a | or gathering the information, the in ccurate, and complete. I am aware ation, including the possibility of fi | e that there are | SIGN | ATURE OF PRINCIPAL | EXECUTIVE OFFICER | OR | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

nowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A |
|---------------|--------------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| | |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | ORING PERIOD MM/DD/YYYY |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE | |
|--|-----------------------|---------------------|-----------------------|--------------------------|-------|-------|-----------------------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 7.71 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | **** | **** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: POBOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | |
|---------------|------------------|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | |
| MONIT | ORING PERIOD | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | |
| 03/01/2012 | 03/31/2012 | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

| Nο | Discharge | |
|----|-----------|--|

| | | QUA | NTITY OR LOADING | 3 | | QUALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE | |
|----------------------------------|-----------------------|-------|------------------|-------|-------|---------------------|-----------------------|-------|-----|----------------|--------|--|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE | |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS | |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD | |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS | |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | ***** | NODI 9 | | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS | |

| TYPED OR PRINTED | Bullowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |
|------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| | evaluate the information submitted. Based on my inquiry of the person or persons who manage the | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2012 | 03/31/2012 |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | NODI 9 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | **** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEPHONE | | DATE |
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| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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| PERMIT NUMBER | DISCHARGE NUMBER | | | |
| MONIT | ORING PERIOD | | | |
| | 7 | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUA | NTITY OR LOADING | G | QUALITY OR CONCENTRATION | | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|-------|--------------------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | **** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECU | | | and all attachments were prepa | | | | | | TEL | EPHONE | DATE |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | |
|---------------|---------------------------|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | |
| | | | | | |
| MONI | ORING PERIOD | | | | |
| MONIT | TORING PERIOD MM/DD/YYYY | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | } | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|--------------------------|-------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 11.82 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | **** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
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| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
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DMR Mailing ZIP CODE:

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MINOR

(SUBR 01) FACILITY TOTAL

Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUAI | NTITY OR LOADING | G | | QUALITY OR CON | CENTRATION | | L | REQUENCY | SAMPLE |
|---|-----------------------|-------|------------------|-------|-------|---------------------|-----------------------|-------|--------|---------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX O | F ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | **** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | Tw | vice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | Tw | vice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | Tw | vice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | Tw | vice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | Tw | vice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | Tw | vice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | **** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and | | | | | | | | 1 | TELEPH | IONE T | DATE |

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| Г | IDG131001 | | SUM-A | | | |
|---|---------------|------------------|------------|--|--|--|
| | PERMIT NUMBER | DISCHARGE NUMBER | | | | |
| _ | | | | | | |
| | MONIT | ORIN | G PERIOD | | | |
| | MM/DD/YYYY | | MM/DD/YYYY | | | |
| | 05/01/2012 | 1 | 05/31/2012 | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | 3 | | QUALITY OR CON | ENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|----------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 11.82 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | **** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83707

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | |
|----------------|------------------|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | |
| MONIT | ORING PERIOD | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | |
| IVIIVI/DD/1111 | | | | |

DMR Mailing ZIP CODE:

ig zif CODE.

MINOR (SUBR 01) FACILITY TOTAL

Sum

| No | Discharge | |
|----|-----------|--|

| | | QUA | NTITY OR LOADING | G | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|-------|------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | 1.3 | 1.3 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1.3 | 1.3 | | | Twice Per Year | CALCTD |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | **** | **** | 0 | 0 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | **** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | **** | **** | .04 | .04 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | .03 | .03 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < .01 | < .01 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | ***** | **** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|--|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | | SUM-A | | | | |
|---------------|-------|------------------|--|--|--|--|
| PERMIT NUMBER | | DISCHARGE NUMBER | | | | |
| MONIT | ORING | G PERIOD | | | | |
| MM/DD/YYYY | | MM/DD/YYYY | | | | |
| | | 06/30/2012 | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | } | QUALITY OR CO | | | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|---------------|-------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 13.17 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | Req. Mon. DAILY MX | cfs | ***** | **** | **** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: POBOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | |
|---------------|------------------|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | |
| MONIT | ORING PERIOD | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | |
| 07/01/2012 | 07/31/2012 | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUA | NTITY OR LOADING | 3 | QUALITY OR CONCENTRATION | | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|-------|--|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | | | and all attachments were prepared to assure that qualified perso | | | | | | TEL | EPHONE | DATE |

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | |
|---------------|------------------|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | |
| MONIT | ORING PERIOD | | | |
| | MM/DD/YYYY | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | } | | QUALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|----------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 5.54 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

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|---------------|------------------|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | |
| MONIT | ORING PERIOD | | | | |
| | 7 - | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) **FACILITY TOTAL**

Sum

QUALITY OR CONCENTRATION

AUTHORIZED AGENT

| O | Discharge | - 1 |
|---|-----------|-----|

NO. FREQUENCY SAMPLE

| | | QUA | MITT OR LOADING | 3 | | QUALITY OR CON- | CENTRATION | _ | T MO: I | INLUCLIO | SAMPLE |
|----------------------------------|---------------------------------|--|--|--|-------|---------------------|-----------------------|-------|---------|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | **** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECU | supervision in sevaluate the in | accordance with a system design formation submitted. Based on n | t and all attachments were prepained to assure that qualified person inquiry of the person or person or gathering the information, the i | onnel properly gather and ns who manage the | | | | | TEL | EPHONE | DATE |
| | to the best of n | ny knowledge and belief, true, ac alties for submitting false informa | ccurate, and complete. I am awar ation, including the possibility of fi | e that there are | SIGN | NATURE OF PRINCIPAL | | ROR | | | |

QUANTITY OR LOADING

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | |
|---------------|--------------|------|
| PERMIT NUMBER | DISCHARGE NU | MBER |
| MONI | ORING PERIOD | |
| MM/DD/YYYY | MM/DD/YY | /vv |
| | | 11 |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | QUANTITY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|-----------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 1.17 | | **** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | **** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
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| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| | 7 | | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

| No | Discharge | |
|----|-----------|--|
| | Discharge | |

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | | SAMPLE |
|----------------------------------|-----------------------|---------------------|---|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | | | and all attachments were prepared to assure that qualified person | | | | | | TEL | EPHONE | DATE |

system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|-------------------|--------------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| MONIT | ORING PERIOD | | | | | | | |
| MONIT MM/DD/YYYY | ORING PERIOD MM/DD/YYYY | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | QUANTITY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. | · | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|-----------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | **** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 1.38 | | **** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

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|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 10/01/2012 | 10/31/2012 | | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. FREQUENCY | SAMPLE | |
|----------------------------------|-----------------------|---------------------|--|-------|--------------------------|---------------------|-----------------------|-------|---------------|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | | | t and all attachments were preparened to assure that qualified perso | | 1 | | | 1 | TEL | EPHONE | DATE |

supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Knowing violations.

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code

NUMBER

**MM/DD/YYYY*

AREA Code

NUMBER

**MM/DD/YYYYY*

AREA Code

AREA Code

NUMBER

AREA Code

**AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2012 | 10/31/2012 |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | 3 | | QUALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|----------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | **** | 2.29 | | **** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

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| PERMIT NUMBER | DISCHARGE NUMBER |
| MONIT | ORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUANTITY OR LOADING QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE | | | |
|----------------------------------|-----------------------|--|--------------------------------|-------|-------|---------------------|-----------------------|--------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | **** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | | | and all attachments were prepa | | | | | | TEL | EPHONE | DATE |

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A |
|------------------|-------------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| | _ |
| MONIT | ORING PERIOD |
| MONIT MM/DD/YYYY | ORING PERIOD MM/DD/YYYY |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | 3 | | QUALITY OR CONG | ENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|-----------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | **** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | **** | 1.38 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | **** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
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| PERMIT NUMBER | DISCHARGE NUMBER |
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DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | G | QUALITY OR CONCENTRATION | | | | NO. | | SAMPLE |
|----------------------------------|-----------------------|-------|------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | .1 | .1 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .1 | .1 | | | Twice Per Year | COMPOS |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | 0 | 0 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | **** | .015 | .015 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | .005 | .005 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < .01 | < .01 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
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DMR Mailing ZIP CODE:

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MINOR

(SUBR 01)

FACILITY TOTAL Sum

No Discharge

| | | QUA | NTITY OR LOADING | 3 | | QUALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|----------------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | **** | 2.29 | | **** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | TELEPHONE | | |
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| MONITORING PERIOD | | | | | | | |
| | Olding I Eldiop | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUA | NTITY OR LOADING | G | QUALITY OR CONCENTRATION | | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------------------|--------------------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | | nalty of law that this document | and all attachments were prepa | | | • | | | TEL | EPHONE | DATE |

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| ID | G131001 | Γ | SUM-A | | | | | |
|------|-------------------|---|------------------|--|--|--|--|--|
| PERM | IIT NUMBER | | DISCHARGE NUMBER | | | | | |
| | MONITORING PERIOD | | | | | | | |
| М | M/DD/YYYY | | MM/DD/YYYY | | | | | |
| (| 01/01/2013 |] | 01/31/2013 | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CON | ENTRATION | | NO. | FREQUENCY | 0, == | |
|--|-----------------------|---------------------|-----------|-------|----------------|-----------|-----------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 | PERMIT | ***** | ***** | ***** | ***** | ***** | Req. Mon. | mg/L | | Quarterly | COMPOS |
| Effluent Gross | REQUIREMENT | | | | | | DAILY MX | | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 3.464 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 | PERMIT | ***** | Req. Mon. | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| Effluent Gross | REQUIREMENT | | DAILY MX | | | | | | | | |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | TELEPHONE | | |
|---------------------------------------|---|---|-----------|-----------|------------|--|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | l [| SUM-A | | | | | | | |
|---------------|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | $I \subset$ | DISCHARGE NUMBER | | | | | | | |
| MONI | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | | MM/DD/YYYY | | | | | | | |
| 02/01/2013 | | 02/28/2013 | | | | | | | |

DMR Mailing ZIP CODE:

NO.

83707

MINOR

(SUBR 01) **FACILITY TOTAL**

Sum

QUALITY OR CONCENTRATION

AUTHORIZED AGENT

No Discharge

SAMPLE

FREQUENCY

| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
|----------------------------------|-----------------------|--|---|---|-------|---------------------|-----------------------|-------|-----|----------------|--------|
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | supervision evaluate | nder penalty of law that this documen on in accordance with a system desig the information submitted. Based on in in those persons directly responsible f | ned to assure that qualified person or person | sonnel properly gather and ons who manage the | | | | | TEL | EPHONE | DATE |
| | to the bes | or those persons directly responsible to st of my knowledge and belief, true, a t penalties for submitting false inform | ccurate, and complete. I am awa | are that there are | SIGN | IATURE OF PRINCIPAL | EXECUTIVE OFFICER | ROR | | | |

QUANTITY OR LOADING

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

nowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|-------------------|--------------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| MONIT | ORING PERIOD | | | | | | | |
| MM/DD/YYYY | ORING PERIOD MM/DD/YYYY | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | ; | | QUALITY OR CONG | ENTRATION | | NO. | FREQUENCY | SAMPLE TYPE |
|--|-----------------------|-------|-----------------------|----------|-------|-----------------|-----------------------|-------|-----|-------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 4.763 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | **** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | TELEPHONE | | |
|---------------------------------------|--|---|-----------|-----------|------------|--|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | |
|---------------|--------------------|--|--|--|--|--|
| PERMIT NUMBER | R DISCHARGE NUMBER | | | | | |
| MONIT | ORING PERIOD | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | |
| 03/01/2013 | 03/31/2013 | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) **FACILITY TOTAL**

Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|--------------------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | **** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECU | | | and all attachments were prepa | | | | | | TEL | EPHONE | DATE |

system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | |
|----------------|------------------|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | |
| MONIT | ORING PERIOD | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | |
| IVIIVI/DD/1111 | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE | |
|--|-----------------------|---------------------|-----------------------|--------------------------|-------|-------|-----------------------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 7.51 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | the best of my knowledge and belief, true, accurate, and complete. I am aware that there are | | TELEP | TELEPHONE | | |
|---------------------------------------|---|---|-----------|-----------|------------|--|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | | |
| TYPED OR PRINTED | Accoving violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | |
|---------------|---------------------|--|--|--|--|--|
| PERMIT NUMBER | ER DISCHARGE NUMBER | | | | | |
| MONIT | ORING PERIOD | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | |
| 04/01/2013 | 04/30/2013 | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | O. FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---|---------------------------------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUTIVE | | penalty of law that this document accordance with a system design | and all attachments were prepar | | | | | 1 | TEL | EPHONE | DATE |

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | | |
|-------------------|-------------------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | ERMIT NUMBER DISCHARGE NUMBER | | | | | | | | |
| MONITORING PERIOD | | | | | | | | | |
| MONIT | ORING PERIOD | | | | | | | | |
| MM/DD/YYYY | ORING PERIOD MM/DD/YYYY | | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUA | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | FREQUENCY | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|--------------------------|-----------------------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 10.95 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | the best of my knowledge and belief, true, accurate, and complete. I am aware that there are | | TELEP | TELEPHONE | | |
|---------------------------------------|--|---|-----------|-----------|------------|--|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | | |
| TYPED OR PRINTED | Rnowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | |
|---------------|------------------|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | |
| MONIT | ORING PERIOD | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | |
| 05/01/2013 | 05/31/2013 | | | | | |

DMR Mailing ZIP CODE:

NO.

83707

MINOR

QUALITY OR CONCENTRATION

AUTHORIZED AGENT

(SUBR 01)

FACILITY TOTAL Sum

No Discharge

SAMPLE

FREQUENCY

| l . | | | | _ | | | | | | 1 | |
|----------------------------------|----------------------|--|---|--|-------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMEN | ***** | ***** | **** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREME | ****** NT | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMEN | ***** | ***** | **** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREME | ****** NT | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMEN | ****** IT | ***** | **** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREME | ****** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMEN | ***** | ***** | **** | **** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREME | ****** NT | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMEN | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREME | ****** NT | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMEN | ****** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREME | ****** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMEN | ****** IT | ***** | **** | **** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREME | ****** NT | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | superv | y under penalty of law that this documen ision in accordance with a system designent the information submitted. Based on rough, or those persons directly responsible for the control of t | ned to assure that qualified person ny inquiry of the person or person | onnel properly gather and ns who manage the | | | | | TEL | EPHONE | DATE |
| | to the | t, or those persons directly responsible in best of my knowledge and belief, true, ac- teant penalties for submitting false informa- | curate, and complete. I am awa | re that there are | SIGN | NATURE OF PRINCIPAL | EXECUTIVE OFFICER | ROR | | | |

QUANTITY OR LOADING

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

nowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| | | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL Sum

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 14.09 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83707

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: POBOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 06/01/2013 | 06/30/2013 | | | | | | | | |

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | 3 | | QUALITY OR CON | CENTRATION | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|-------|------------------|-------|-------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .7 | .7 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | **** | .7 | .7 | | | Twice Per Year | CALCTD |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | 0 | 0 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | **** | .02 | .02 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | .005 | .005 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | < .01 | < .01 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | **** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and vealuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|-------------------|--------------------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | PERMIT NUMBER DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| MONIT | ORING PERIOD | | | | | | | |
| MM/DD/YYYY | ORING PERIOD MM/DD/YYYY | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUA | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | · | SAMPLE |
|--|-----------------------|-------|-----------------------|-------|-------|--------------------------|-----------------------|-------|----|-----------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | • | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 12.71 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | HONE | DATE |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 07/01/2013 | 07/31/2013 | | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) **FACILITY TOTAL**

Sum

AUTHORIZED AGENT

No Discharge

| | | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | | | | SAMPLE |
|----------------------------------|-----------------------|--|--|--|-------|--------------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | **** | **** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | **** | ***** | **** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | **** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | **** | **** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | **** | **** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | ***** | **** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | **** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | **** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | supervision in a | ccordance with a system designmation submitted. Based on | at and all attachments were prepared to assure that qualified person my inquiry of the person or person for gathering the information, the | onnel properly gather and ns who manage the | | | | | TEL | EPHONE | DATE |
| | to the best of m | y knowledge and belief, true, a lties for submitting false inform | ccurate, and complete. I am awar ation, including the possibility of f | re that there are | SIG | NATURE OF PRINCIPAL | | ROR | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 07/01/2013 | 07/31/2013 | | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|-------|-----------------------|-------|-----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 4.56 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | **** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | 3 , | | TELEP | DATE | |
|---------------------------------------|---------------------|---|-----------|--------|------------|
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

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ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | |
|-------------------|--------------------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | PERMIT NUMBER DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 08/01/2013 | 08/31/2013 | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01) FACILITY TOTAL

Sum

No Discharge

| | | QUA | NTITY OR LOADING | ; | QUALITY OR CONCENTRATION | | | | NO. | • | SAMPLE |
|----------------------------------|-----------------------|---------------------------------|--|--------------------------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | **** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUTI | supervision in a | accordance with a system design | and all attachments were prepar ned to assure that qualified person ny inquiry of the person or person | nnel properly gather and | | | | | TEL | EPHONE | DATE |

| NAME/THEE PRINCIPAL EXECUTIVE OF FICER | ertify under penalty of law that this document and all attachments were prepared under my direction or servision in accordance with a system designed to assure that qualified personnel properly gather and aluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | DATE | |
|--|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | Handwing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | |
|---------------|------------------|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | |
| MONIT | ORING PERIOD | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | |
| 08/01/2013 | 08/31/2013 | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | · | SAMPLE | |
|--|-----------------------|---------------------|-----------------------|--------------------------|-------|-------|-----------------------|-------|----|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | **** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | **** | 1.81 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | TELEPHONE | | |
|---------------------------------------|---|---|-----------|-----------|------------|--|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| IDG131001 | SUM-A | | | | | | | | |
|---------------|-------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | | |
| MONIT | MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |
| 09/01/2013 | 09/30/2013 | | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL Sum

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|-------------------------------|---|--------------------------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| NAME/TITLE PRINCIPAL EXECUT | supervision in ac | cordance with a system design | and all attachments were prepar ted to assure that qualified person try inquiry of the person or person | nnel properly gather and | | | | | TEL | EPHONE | DATE |

system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25

BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD

CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

| | IDG131001 SUM-A | | | | | | | |
|---|-------------------|------|------------------|--|--|--|--|--|
| F | PERMIT NUMBER | | DISCHARGE NUMBER | | | | | |
| | MONITORING PERIOD | | | | | | | |
| | MONI | URIN | G PERIOD | | | | | |
| | MM/DD/YYYY | | MM/DD/YYYY | | | | | |
| | 09/01/2013 | 7 | 09/30/2013 | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL Sum

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE | |
|--|-----------------------|---------------------|-----------------------|--------------------------|-------|-------|-----------------------|-------|-----------|-------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | **** | ***** | ***** | **** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 2.41 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | DATE | |
|---------------------------------------|---|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
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|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |
| 10/01/2013 | 10/31/2013 | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE |
|----------------------------------|-----------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|-----|----------------|--------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | EX | OF ANALYSIS | TYPE |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00530 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 5 MO AVG | 10 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | **** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | **** | **** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | **** | ***** | ***** | **** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and vealuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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DATE

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|-------------------|------------------|--|--|--|--|--|--|--|
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | | | |
| MONITORING PERIOD | | | | | | | | |
| | | | | | | | | |
| MM/DD/YYYY | MM/DD/YYYY | | | | | | | |

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge

| | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. | FREQUENCY | SAMPLE | |
|--|-----------------------|---------------------|-----------|--------------------------|-------|-------|-----------|-------|-------------|-----------|--------|
| PARAMETER | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | T EX | OF ANALYSIS | TYPE | |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 | PERMIT | ***** | ***** | ***** | ***** | ***** | Req. Mon. | mg/L | | Quarterly | COMPOS |
| Effluent Gross | REQUIREMENT | | | | | | DAILY MX | | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 4.8 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 | PERMIT | ***** | Req. Mon. | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| Effluent Gross | REQUIREMENT | | DAILY MX | | | | | | | | |

| NAME/THEE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the | | TELEP | DATE | |
|---------------------------------------|--|---|-----------|--------|------------|
| | system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | | | |
| TYPED OR PRINTED | knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |